

CLAIMS ONLY						Application Number <i>10/673 799</i>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								
2								
3								
4								
5								
6								
7								
8								
9								
10	1							
11								
12		1						
13			1					
14								
15		1						
16			1					
17								
18		1						
19			1					
20				1				
21					1			
22						1		
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47								
48								
49								
50								
Total Indep	1		1		1			
Total Depend	1							
Total Claims	8							